

RFS 7-62
INDIANA CARE SELECT PROGRAM
ATTACHMENT K
CASE STUDIES

Instructions:

Respondents should refer to the three case studies below when preparing their Technical Proposals. For each case study, respond to the following questions:

- What are the care management challenges presented by the patient and what goals would you develop to address the patient's difficulties?
- What level of intensity of services (1 through 4) would the care management program provide to the patient and why?
- What additional assessments would you perform? How would you approach the assessment process in this case?
- What would your plan of care be for the patient? How you implement this and monitor progress?

Submit your response in Attachment I. These case studies are meant to be examples of patients the Respondent may encounter when performing care management services for the State.

Case Study A

Example of a Seriously Mentally Ill (SMI) Patient

PT is a 29-year-old single man on disability with a 10-year history of chronic schizophrenia. He lives intermittently with his family or in local boarding houses. Over the last 10 years, there has been a progressive decline in his overall level of functioning, with relapses of acute symptoms occurring with stressful events in the family or non-compliance with medication. His family has responded to his illness with what appears to have been either over-protection or alternatively with denial and rejection. He currently presents following eviction from a boarding house due to increasingly disturbed behavior, in response to abusive auditory hallucinations and paranoid delusions involving the staff.

PT was a shy child, the only son in the family, and he was often aware of an expectation from his father for him to achieve. The history that a maternal aunt suffered from a psychotic illness may indicate a genetic predisposition to schizophrenia, but also appears to have caused guilt and self-blame in his mother. PT's increasing withdrawal in adolescence may have been a reflection of family pressures, dealing with the tasks of adolescence or the first signs of illness. PT formed few friendships and had been failing in his studies at the time of his first psychiatric admission at 19 years of age. With the continuation of his illness, he has failed to develop the skills for relationships and independent living and continues to rely heavily on his family.

He plans unrealistically for a future in which he will study and develop a successful career. He is very reluctant to attend a rehabilitation program. This reflects his difficulty in accepting the

limitations of his illness and perhaps also the unresolved need to meet his father's expectations. It appears that parental guilt and grief over PT's illness leads them to reject him at times. This is often compounded by PT developing persecutory delusions about the family. When he attempts to live independently, he frequently abuses alcohol, relapses and the family demands he return home. PT experiences these demands as over-controlling and feels criticized. Thus, both of the family's responses to his illness (either rejection or over-protection) appear to contribute to a high expressed emotion environment, predisposing to relapse.

(Adapted from The Royal Australian/New Zealand College of Psychiatrists case formulation guidelines)

Case Study B

Example of a Developmentally Disabled (DD) Patient

TJ is a 19 year old male with Down syndrome who is living at home with his 61 year old mother. He is attending high school but has missed a large number of days this year because of upper respiratory symptoms and not feeling well. In fact, he has spent the past week at home where he spends his time watching TV and movies. He has not had a doctor's appointment in over 2 years but his pediatrician continues to prescribe his Tegretol, Digoxin, Lasix and Synthroid. He has complained of a toothache for the past month but his mother has been unable to find a dentist who will see him in their community. His mother only leaves the house when he is at school so has not been able to make it to the grocery store in the past week.

Case Study C

Example of a Patient with Multiple Conditions

DB is a 59 year old woman living with her daughter and son-in-law and who has severe COPD with three hospitalizations in the past six months. She also has polymyalgia rheumatica for which she is followed by a Rheumatologist and has recently been placed on Methotrexate and Prednisone. Her medical history is otherwise significant for hypertension with cardiomyopathy status post mural thrombus on chronic anticoagulation, obesity, hyperlipidemia, and osteoporosis. DB is currently taking 17 different medications including inhalers and warfarin.

During her initial assessment, DB cried a lot and endorsed feelings of depression and anxiety concerning her health status and son-in-law's chronic alcohol problem. In addition, she described dyspnea on exertion and use of a cane when walking to steady herself and due to pain in multiple joints. DB also complained of stress incontinence and ill-fitting dentures.